Robinson, Shea [KHPA]

From: John Carney [john.carney@crossroadshospice.com]
Sent: Monday, February 28, 2011 6:06 PM
To: MedicaidReforms [KHPA]
Subject: Medicaid Reform Measures for Hospice

Medicaid Reforms /o Dr. Barbara Langner
Medicaid Director
Kansas Health Policy Authority
900 SW Jackson, Suite 900
Topeka, KS 66612

Dear Dr. Langner:

I am delighted to respond to your request for suggestions at improving the Medicaid system. My remarks will be devoted specifically to improvements in the state's end of life hospice program devoted to the poor.

As you may know there is a growing body of evidence of the cost effectiveness of hospice care, but the program is also susceptible to vulnerabilities especially for patients residing in nursing homes. These risks are highlighted in the MedPac studies in 2009 and 2010 and also in the JEHT Foundation's Report conducted by Brown University in 2007.

Representatives from the Kansas Hospice and Palliative Care Organization have been active for years in monitoring these vulnerabilities and would welcome the opportunity to make specific recommendations apart from those included in the Hospice Chapter 6 of the 2009 KHPA Report. Our suggestions would go a long way in reducing the risk of the state overpaying for hospice services, but there must be willingness to understand the intricacies of the benefit, the perverse incentives built into the system and willingness to trust the provider community in resolving the issue of prolonged hospice stays. Medicaid's participation in the Hospice program is a complicated benefit with many subtleties that are difficult to understand, quantify and effectively generalize. The KHPA chapter 6 on Hospice published in 2009 is with misunderstandings, and misinterpretations of data that are unfortunately set forth in its recommendations. Hospice providers have never formally responded to these issues or clarified those misunderstandings.

Our suggestions are simple

- Engage our task force (that continues to meet regularly) about vulnerabilities in the system that can be exploited and may be at risk of abuse. The group is committed to the long term sustainability of the benefit and short term gain by taking advantage of system vulnerabilities is not in the best interest of consumer, providers, or tax payers.
- Host a discussion on MedPac 2009 and 2010 and the changes in the Medicare Benefit now being implemented as a result of Patient Protection and Affordable Care Act requiring face to face visits for long term patients.
- Ask the state task group for suggested remedies, mechanisms for controls and management tools that can enhance provider performance, improve patient outcomes and raise standards. These steps could significantly affect changes among aberrant providers if implemented effectively.

Thanks for your consideration. Our group will host an all-day meeting in Wichita in mid-March and would welcome the opportunity to share our deliberations with you.

All of us understand that the Medicaid Hospice Benefit has is optional benefit and must remain cost effective for the state to continue its support. We strongly believe that provider behavior and performance is a key component in

ensuring that long term sustainability. We encourage you to seriously engage our work group in your efforts to save future Medicaid expenditures and services to the most vulnerable Kansans – those who are both poor and dying.

Thanks for your consideration.

John G. Carney

Crossroads Hospice of Kansas, Executive Director
Fellow, Center for Practical Bioethics, Kansas City and former Vice President of Aging and End of Life